Department of Veterans Affairs **VHA DIRECTIVE 99-009**
Veterans Health Administration
Washington, DC 20420 **March 23, 1999**

NEED FOR ENHANCED ACCOUNTABILITY OF SELECTED POINT-OF-CARE MEDICATIONS

1. PURPOSE: This directive establishes Veterans Health Administration (VHA) policy regarding the need for enhanced accountability of selected ward-stocked and other point-of-care medications.

2. BACKGROUND

a. All medications have the potential to do harm to patients.

b. In the prescribing, dispensing, distribution, and administration of medications great efforts are put forth by all healthcare professionals to reduce the likelihood of any adverse occurrence due to the medication. Over the past 20 years many systems to reduce error in the medication use process have been developed. These systems include machine readable labeling, computer-ization, software development, automated dispensing equipment, and changes in drug packaging. To date, the medication use area with the least accountability and control is non-patient specific distribution to point-of-care locations.

c. This directive alerts field stations to the need for enhanced accountability and control of medications distributed directly to point-of-care locations. The nature of the use of certain pharmaceuticals requires distribution processes that assure immediate access in cases of emergency and/or continuous access in cases of chronic need or fluctuating patient response. Such medications may be pre-distributed to point-of-care locations as ward or clinic stock, emergency cart stock, for use off tour, etc., rather than distributed for an individually identified patient.

d. Characteristics of some of these pharmaceuticals present potential for significant adverse events, including intentional untoward use. Numerous medicinals are susceptible to causing significant harm or death if mistakenly or intentionally misused. Some of these agents are insulin, potassium, epinephrine, digoxin, lidocaine, pancuronium, succinyl choline, atropine, verapamil and diazepam.

e. Recently,VHA Directive 98-026, dated May 8, 1998, required that ward-stocked potassium chloride concentrate, USP, be removed from all patient care areas.

3. POLICY: It is VHA policy that all necessary actions shall be taken to reduce the likelihood of intentional or unintentional untoward use of selected point-of-care medications. To achieve this end, appropriate controls over ward-stocked medications shall be instituted at all VHA health care facilities to reduce the likelihood of untoward use of these medications.

THIS VHA DIRECTIVE WILL EXPIRE MARCH 23, 2004

4. ACTION

a. To maintain appropriate availability of these, and similarly stocked agents, provide for patient safety, and facilitate accountability of doses dispensed, facilities are advised to immediately review ward stock processes and resource utilization, and to take corrective actions as necessary to assure:

(1) Stock levels are limited to necessary quantities as determined by actual use.

(2) Stock locations are appropriate and necessary as determined by actual use.

(3) A process of accountable distribution is in place.

(4) Medications are stored in a secure manner.

(5) Access to medication is limited to those few persons who really need it.

(6) Administration is documented in the permanent patient and hospital/clinic record.

(7) Means to track return and destruction of outdated and unused products (e.g., a return goods contract) is in place.

(8) A means to reconcile distribution with use exists.

b. Local Pharmacy and Therapeutics Committees will review the issue and consider point-of-care automated dispensing systems to support the manual accountability systems currently in place.

c. Within 60 days of the date of issuance of this Directive, each Veterans Integrated Service Network (VISN) shall submit a report to VHA Headquarters, Pharmacy Benefits Management Strategic Healthcare Group (PBM SHG) (119) on each facility's specific policy and procedures for compliance with subparagraph 4a(1) through (8). Such policy and procedures shall, at a minimum address the following medications: (1) insulin, (2) potassium, (3) epinephrine, (4) digoxin, (5) lidocaine, (6) pancuronium, (7) succinyl choline, (8) atropine, (9) verapamil and (10) diazepam.

d. PBM SHG will compile this information to determine common procedures, as well as possibly identifying potential "model" practices and ineffective practices. ***NOTE:*** *Further guidance may be issued to the field subsequent to review of these procedures* .

e. The Office of the Medical Inspector will be responsible for spot checking compliance with the requirements of this Directive.

5. REFERENCES: VHA Manual M-2, Part VII.

6. FOLLOW UP RESPONSIBILITY: The Chief Consultant, Pharmacy Benefits Management Strategic Health Group (119), is responsible for the content of this Directive.

7. RESCISSIONS: This VHA Directive will expire March 23, 2004.

Kenneth W. Kizer, M.D., M.P.H.
Under Secretary for Health

DISTRIBUTION: CO: E-Mailed 3/23/99
FLD: VISN, MA, DO, OC, OCRO, and 200-FAX 3/24/999
EX: Boxes 104, 88, 63, 60, 54, 52, 47 and 44-FAX 3/24/1999